

# UNITED STATES PATENT AND TRADEMARK OFFICE

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CONFIRMATION NO. 8453

Bib Data Sheet

SERIAL NUMBER 09/217,347	FILING DATE 12/21/1998  RULE	CLASS 725	GROUP ART UNIT 2611	ATTORNEY DOCKET NO. 98666
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## APPLICANTS

JOHN G. FIJOLEK, NAPERVILLE, IL;

ALI AKGUN, EVANSTON, IL;

RITA SHAMMAS, LINCOLNWOOD, IL; MATTHEW H. HARPER, ARLINGTON HEIGHTS, IL;

## \*\* CONTINUING DATA \*\*\*\*\*

*All None*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

*All None*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 01/12/1999

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPE
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged <i>SAE</i> Examiner's Signature Initials	IL	27	30	7

## ADDRESS

20306  
MCDONNELL BOEHNEN HUBERT & BERGHOFF  
300 SOUTH WACKER DRIVE  
SUITE 3200  
CHICAGO, IL  
60606

## TITLE

METHOD AND SYSTEM FOR DYNAMIC SERVICE REGISTRATION IN A DATA-OVER-CABLE SYSTEM

FILING FEE  RECEIVED 1528	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit _____
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BEST AVAILABLE COPY

SERIAL NUMBER 09/217,347	FILING DATE 12/21/98	CLASS 348	GROUP ART UNIT 2712	ATTORNEY DOCKET NO. 98666
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APPLICANT

JOHN G. FIJOLEK, NAPERVILLE, IL; ALI AKGUN, EVANSTON, IL; RITA SHAMMAS, LINCOLNWOOD, IL; MATTHEW H. HARPER, ARLINGTON HEIGHTS, IL.

\*\*CONTINUING DOMESTIC DATA\*\*\*\*\*  
VERIFIED

\*\*371 (NAT'L STAGE) DATA\*\*\*\*\*  
VERIFIED

\*\*FOREIGN APPLICATIONS\*\*\*\*\*  
VERIFIED

FOREIGN FILING LICENSE GRANTED 01/12/99

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY IL	SHEETS DRAWING 27	TOTAL CLAIMS 30	INDEPENDENT CLAIMS 7
Verified and Acknowledged Examiner's Initials _____ Initials _____					

ADDRESS

MCDONNELL BOEHNE HULBERT AND BERGHOFF  
300 SOUTH WACKER DRIVE  
CHICAGO IL 60606

TITLE

METHOD AND SYSTEM FOR DYNAMIC SERVICE REGISTRATION IN A  
DATA-OVER-CABLE SYSTEM

FILING FEE RECEIVED  \$1,252	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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